



## RECREATIONAL AND SNOWMOBILE TRAIL PROGRAM GRANT APPLICATION

By authority of Part 821, 1994 PA 451, as amended, to receive grant funding.

Please print or type.

Applicant / Trail Sponsor Information						
Trail Sponsor (Organization Name)			Federal I.D. Number		Year	LTG Number
Primary Contact Person		Title	Secondary Contact Person		Title	
Address			Address			
City, State, ZIP			City, State, ZIP			
Email	Telephone Number ( )	FAX Number ( )	Email	Telephone Number ( )	FAX Number ( )	

Grooming, Brushing and Signing				
Trail Segment Name	(A) # MILES	(B) BRUSH/SIGN (A x \$90)	(C) GROOMING (A x \$3.90)	TOTAL GROOMING (C x 1.5 x 6 x 16)
1.		\$	\$	\$
2.		\$	\$	\$
3.		\$	\$	\$
4.		\$	\$	\$
5.		\$	\$	\$
6.		\$	\$	\$
7.		\$	\$	\$
8.		\$	\$	\$
9.		\$	\$	\$
10.		\$	\$	\$
11.		\$	\$	\$
12.		\$	\$	\$
13.		\$	\$	\$
14. TOTAL ASSIGNED MILES (Add lines 1-13, this column) =				
15. BRUSHING and SIGNING GRANT REQUEST (Add lines 1-13, this column) =		\$		
16. GROOMING REIMBURSEMENT FOR ONE COMPLETE PASS (Add lines 1-13, this column) =		\$		
17. GROOMING GRANT REQUEST FOR ENTIRE SEASON (Add lines 1-13, this column) =				\$
18. GROOMING, BRUSHING and SIGNING SUBTOTAL (Add lines 15 and 17) =				\$

Land Control (Property Leases, Easements and Use Permits)	
<p>The sponsor shall certify to the Department that appropriate written permission has been secured for a public trail right-of-way. In addition, the sponsor shall furnish the Department the following:</p> <ul style="list-style-type: none"><li>❖ Documentary proof that the sponsor possesses, for the entire term of the grant agreement period, the right to enter, occupy, use and maintain the snowmobile trail which is the subject of this application. Such documentary evidence may include deeds, leases, licenses, easements, or use permits. This evidence must be number coded to correspond to the trail location maps.</li><li>❖ A detailed map identifying the specific location of the entire trail which is the subject of this application and the specific location of each leased section. A list of names, addresses, and amount of lease payment of all landowners involved must be attached to the map. The sponsor is responsible for providing documentary proof of lease payments made to each landowner.</li></ul> <p>The above mentioned documentation must be provided prior to any request for reimbursement under the trail maintenance grant. The maximum allowable for leases is up to \$300/mile, payable at a rate of \$75/quarter mile. Leases shall not be paid on any property enrolled in the Commercial Forest Act.</p> <p>Miles to be Leased = _____ X Rate per mile _____ = Total Cost of Leases \$ _____</p>	

**Road Permit Fees, Insurance Premiums, Porta-Jon Rentals, Property Leases and Easements**

19. Road Permit Fees = \$ \_\_\_\_\_

20. Snow Plowing (Number of Trailheads \_\_\_\_\_ ) = \$ \_\_\_\_\_

21. Porta-Jon Rental (Number of Units \_\_\_\_\_) = \$ \_\_\_\_\_

22. Comprehensive / Collision Insurance Premium = \$ \_\_\_\_\_

23. Liability Insurance Premium = \$ \_\_\_\_\_

24. Property Leases, Easements (Complete form #PR1854) = \$ \_\_\_\_\_

**25. FEES, PREMIUMS, RENTALS, LEASES SUBTOTAL (Add lines 19-24) =** \$ \_\_\_\_\_

**26. SPECIAL MAINTENANCE SUBTOTAL (Complete form #PR1852) =** \$ \_\_\_\_\_

**27. CONTINGENCY FUNDS** \$ \_\_\_\_\_

**28. GROOMER UTILITY PAYMENT** \$ \_\_\_\_\_

**29. TOTAL GRANT REQUEST (Add lines 18, 25, 26, 27, and 28) =** \$ \_\_\_\_\_

**Applicant / Trail Sponsor Certification**\_\_\_\_\_  
Signature of Primary Contact\_\_\_\_\_  
Date\_\_\_\_\_  
Signature of Secondary Contact\_\_\_\_\_  
Date**Designated USDA Forest Service Representative(s)**

**NOTE:** All sponsors who maintain trails on National Forest lands must secure the signature of a USDA Forest Service Representative from the District Office for the trail segment involved. If work will be done on a trail system that crosses more than one District, signatures must be obtained from the representatives from each District office.

\_\_\_\_\_  
USDA Forest Service Representative (please print)\_\_\_\_\_  
Signature\_\_\_\_\_  
Date\_\_\_\_\_  
USDA Forest Service Representative (please print)\_\_\_\_\_  
Signature\_\_\_\_\_  
Date**DNR - Forest, Mineral and Fire Management Unit Contact**

**NOTE:** This Application must be reviewed and signed by DNR-FMFM unit contact before submittal to Grants Management.

\_\_\_\_\_  
FMFM Unit Contact (please print)\_\_\_\_\_  
Signature\_\_\_\_\_  
Date**SUBMITTAL INFORMATION**

Mail this completed application to:

**GRANTS MANAGEMENT  
MICHIGAN DEPARTMENT OF NATURAL RESOURCES  
PO BOX 30425  
LANSING MI 48909-7925**

**Application Due Date: July 15**